

City Council  
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# City of Long Beach



Acting City Manager  
John A. Mirando

Assistant Superintendent of  
Parks and Recreation  
Paul Ferrante

## Parks and Recreation Department



# ADULT YOGA

**Class description:** Basic yoga instruction. All levels are welcome.  
Please bring a yoga mat and water.

**About the Instructor:** Hannah Goodman is passionate about helping her students mindfully refine their alignment, and breathe comfortably in Hatha postures and vinyasa-style flows. Students will reap the benefits of mindfulness and movement with breath within and beyond designated class time. In her own practice, she is consistently finding ways to express herself through various arts, such as intuitive movement, advanced flows, dance, and partner yoga. Wisdom from these practices flow freely throughout Hannah's teachings.

**Sundays 8:45 a.m. – 10:00 a.m.**

**Class is limited to the first 15 participants**

### Schedule of Classes:

***This class will be held in the Ranger Room – Located between the Ice Arena & Pool***

	February	March	April
Sunday	16 – 23	1 – 8 – 15 – 22 – 29	5

**Registration:** Long Beach Recreation Center  
700 Magnolia Blvd.  
(516) 431-3890

**Fee:** **\$75.00 for City of Long Beach Residents**  
**\$80.00 for Long Beach School District Residents**  
**\$90.00 for Non-Residents**  
*Checks or money orders made payable to the City of Long Beach.*  
*Cash, Visa or MasterCard also accepted.*

2020 Winter Adult Yoga

\*\*Put Telephone # on check

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

I understand that payment is non-transferable and non-refundable. Parent Signature \_\_\_\_\_

### ***For Rec Use Only:***

Receipt # \_\_\_\_\_ Amt Pd. \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_

# Winter 2020 Adult Yoga

## **EMERGENCY MEDICAL INFORMATION**

(Please print clearly)

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

NAME \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

**IN AN EMERGENCY PLEASE NOTIFY:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

RELATIONSHIP (to above) \_\_\_\_\_

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). \_\_\_\_\_  
\_\_\_\_\_

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). \_\_\_\_\_  
\_\_\_\_\_

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY ABOUT WHICH THE INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR EMERGENCY PURPOSES? (if YES, please explain:) \_\_\_\_\_  
\_\_\_\_\_

Participant's Signature

Date